

EXHIBIT 2

RELEASE OF UNINSURED MOTORISTS BENEFITS CLAIM

In this Release, "Plaintiff" means, MARY JOAN BOEHNE, in her capacity as Personal Representative of the Estate of Jeremy David Ralph Boehne, Decedent (Oakland County Probate Court File No. 2023-412,062-DE), individually and collectively, on behalf of all beneficiaries, heirs, and next of kin of Decedent Jeremy David Ralph Boehne.

In this Release of Uninsured Motorists Benefits Claim ("Release"), "Safeco" means SAFECO INSURANCE COMPANY OF ILLINOIS, LM GENERAL INSURANCE COMPANY, LIBERTY MUTUAL PERSONAL INSURANCE COMPANY, LIBERTY MUTUAL INSURANCE COMPANY including its officers, predecessors, successors, directors, agents, employees, management companies, attorneys and insurers.

WHEREAS the Decedent sustained accidental bodily injuries resulting in his death in a motor vehicle accident on or about December 24, 2022. Plaintiff has presented an uninsured motorist benefits claim to Safeco, being Safeco Claim No. 052184896-04, under Safeco Policy No. X6311697. This Release is subject to the terms and conditions of said Policy, which is hereby incorporated by reference. This Settlement and Release is also subject to Probate Court approval.

WHEREAS there is an actual controversy between Safeco and Plaintiff, under said Policy regarding payment of and/or entitlement to uninsured motorists benefits by reason of factual and legal issues including, but not limited to, the availability of motor vehicle insurance coverage for the tortfeasor[s] at fault in the above referenced accident, and

NOW, THEREFORE, in consideration of the payment of **One Hundred Thousand and 00/100 (\$100,000.00) Dollars** to Plaintiff, in hand paid by or on behalf of Safeco, Plaintiff, hereby releases and forever discharges Safeco from any and all liability under the aforesaid automobile insurance Policy for any and all claims for uninsured motorists benefits as a result of injuries sustained in the aforesaid automobile accident of December 24, 2022.

IT IS UNDERSTOOD AND AGREED by the Parties that this payment is not to be construed as an admission of liability, but that this payment is being made in compromise and settlement of claims which are in dispute. The fact of this settlement and/or the existence of this Release or its terms shall not be offered, used, or admitted in any judicial, administrative, regulatory or other proceeding, for any purpose other than to enforce its terms.

In further consideration for the payment made herein to the Plaintiff, the Plaintiff agrees to save harmless and indemnify Safeco for any and all claims, including but not limited to, subrogation claims made by anyone against Safeco, for reimbursement of monies paid and/or services rendered to or on behalf of the Plaintiff arising out of the incident referred to hereinabove, which Safeco may be compelled to pay as a result of the aforementioned incident.

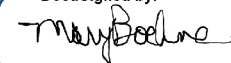
FURTHER, IT IS UNDERSTOOD AND AGREED that the execution of this Release does not waive, or in any way hinder Safeco's right(s) to seek subrogation from any third-party.

FURTHER, IT IS UNDERSTOOD AND AGREED that Plaintiff executes this release freely, voluntarily, and after fully consulting with his attorneys and shall be enforceable in any court regardless of any past or future ruling on the interpretation of the No-Fault Act or any other legal or factual issues concerning the validity or enforceability of this release agreement.

This Release contains the entire agreement between the parties. The terms of this Release are contractual. The Release and Satisfaction will be interpreted and enforced pursuant to the laws of the State of Michigan.

I DECLARE THAT I HAVE READ THIS RELEASE AND THAT I UNDERSTAND ITS TERMS.

Witness _____

DocuSigned by:

 AFD60AA35C22483...

9/28/2023

MARY JOAN BOEHNE, as Personal
 Representative of the Estate of Jeremy David
 Ralph Boehne

IN WITNESS WHEREFORE, _____, has hereunto set HIS/HER hand and seal this
 _____ day of _____, 2023.

SIGNED, SEALED AND READ IN THE PRESENCE OF:

_____, **NOTARY PUBLIC**
 _____ COUNTY, STATE OF MICHIGAN
 MY COMMISSION EXPIRES ON _____
 ACTING IN _____ COUNTY, MICHIGAN

Open.06856.31211.31658875-1

RELEASE OF UNINSURED MOTORISTS BENEFITS CLAIM

In this Release, "Plaintiff" means, DAVID HAHN, in his capacity as Personal Representative of the Estate of Karen M. Boehne, Decedent (Oakland County Probate Court File No. 2023-412,062-DE), individually and collectively, on behalf of all beneficiaries, heirs, and next of kin of Decedent Karen M. Boehne.

In this Release of Uninsured Motorists Benefits Claim ("Release"), "Safeco" means SAFECO INSURANCE COMPANY OF ILLINOIS, LM GENERAL INSURANCE COMPANY, LIBERTY MUTUAL PERSONAL INSURANCE COMPANY, LIBERTY MUTUAL INSURANCE COMPANY including its officers, predecessors, successors, directors, agents, employees, management companies, attorneys and insurers.

WHEREAS the Decedent sustained accidental bodily injuries resulting in her death in a motor vehicle accident on or about December 24, 2022. Plaintiff has presented an uninsured motorist benefits claim to Safeco, being Safeco Claim No. 052184896-04, under Safeco Policy No. X6311697. This Release is subject to the terms and conditions of said Policy, which is hereby incorporated by reference. This Settlement and Release is also subject to Probate Court approval.

WHEREAS there is an actual controversy between Safeco and Plaintiff, under said Policy regarding payment of and/or entitlement to uninsured motorists benefits by reason of factual and legal issues including, but not limited to, the availability of motor vehicle insurance coverage for the tortfeasor[s] at fault in the above referenced accident, and

NOW, THEREFORE, in consideration of the payment of **One Hundred Thousand and 00/100 (\$100,000.00) Dollars** to Plaintiff, in hand paid by or on behalf of Safeco, Plaintiff, hereby releases and forever discharges Safeco from any and all liability under the aforesaid automobile insurance Policy for any and all claims for uninsured motorists benefits as a result of injuries sustained in the aforesaid automobile accident of December 24, 2022.

IT IS UNDERSTOOD AND AGREED by the Parties that this payment is not to be construed as an admission of liability, but that this payment is being made in compromise and settlement of claims which are in dispute. The fact of this settlement and/or the existence of this Release or its terms shall not be offered, used, or admitted in any judicial, administrative, regulatory or other proceeding, for any purpose other than to enforce its terms.

In further consideration for the payment made herein to the Plaintiff, the Plaintiff agrees to save harmless and indemnify Safeco for any and all claims, including but not limited to, subrogation claims made by anyone against Safeco, for reimbursement of monies paid and/or services rendered to or on behalf of the Plaintiff arising out of the incident referred to hereinabove, which Safeco may be compelled to pay as a result of the aforementioned incident.

FURTHER, IT IS UNDERSTOOD AND AGREED that the execution of this Release does not waive, or in any way hinder Safeco's right(s) to seek subrogation from any third-party.

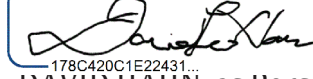
FURTHER, IT IS UNDERSTOOD AND AGREED that Plaintiff executes this release freely, voluntarily, and after fully consulting with his attorneys and shall be enforceable in any court regardless of any past or future ruling on the interpretation of the No-Fault Act or any other legal or factual issues concerning the validity or enforceability of this release agreement.

This Release contains the entire agreement between the parties. The terms of this Release are contractual. The Release and Satisfaction will be interpreted and enforced pursuant to the laws of the State of Michigan.

I DECLARE THAT I HAVE READ THIS RELEASE AND THAT I UNDERSTAND ITS TERMS.

Witness _____

DocuSigned by:



9/28/2023

178C420C1E22431...

DAVID HAHN, as Personal Representative of the
Estate of Karen Boehne

IN WITNESS WHEREFORE, _____, has hereunto set HIS/HER hand and seal this
_____ day of _____, 2023.

SIGNED, SEALED AND READ IN THE PRESENCE OF:

_____, **NOTARY PUBLIC**
_____, COUNTY, STATE OF MICHIGAN
My COMMISSION EXPIRES ON _____
ACTING IN _____ COUNTY, MICHIGAN

Open.06856.31211.31658845-1